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Bib Data Sheet

CONFIRMATION NO. 7360

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|------------------------------------|---|---------------------|-------------------------------|-------------------------------------|
| <b>SERIAL NUMBER</b><br>10/052,577 | <b>FILING OR 371(c) DATE</b><br>01/18/2002<br><b>RULE</b> | <b>CLASS</b><br>705 | <b>GROUP ART UNIT</b><br>3623 | <b>ATTORNEY DOCKET NO.</b><br>36676 |
|------------------------------------|---|---------------------|-------------------------------|-------------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/263,019 01/19/2001 *JK*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***      **\*\* SMALL ENTITY \*\***  
 02/19/2002

|  |   |                               |                             |                           |                                |
|--|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>[Signature]</i><br>Examiner's Signature      Initials | <b>STATE OR COUNTRY</b><br>KS | <b>SHEETS DRAWING</b><br>16 | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>3 |
|--|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|

**ADDRESS**  
 Hovey Williams LLP  
 Suite 400  
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 Kansas City, MO 64108

**TITLE**  
 Customer management system

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|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>435 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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